

TO:

Financial Institution Name:			
Address:	City:	State:	Zip:

To Whom It May Concern:

Please be advised that effective immediately I/we would like to close the account(s) listed below:

Account Number	Name(s) As Listed On Your Account Statement

You are authorized to process this request and forward any remaining funds in the account(s) by check to the following address:

Your Name (First, MI, Last):			
Address:	City:	State:	Zip:

If you have any questions about this request, please call me. Thank you for your prompt assistance in this matter.

Phone Number:	Time of Day (mark one): <input type="checkbox"/> Day <input type="checkbox"/> Evening
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Sincerely,

Signature:	Date:
Co-Owner's Signature (if applicable):	Date:

Helpful Hint:

- Check with your financial institution to make sure no additional forms or information are required.
- Ask about any possible early withdrawal penalties before you close your old account. For Certificates of Deposit (CDs), it is important to double check maturity dates.
- Ensure all outstanding checks have cleared your old account.
- Ensure all electronic credits/deposits and debits/payments have been transferred to your new account.
- If you have a balance remaining in your old account, contact your old financial institution if you do not receive your check within three weeks after sending notification to close your account(s).